

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43211
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Shelbina,</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Shelbina</u> <u>10-20</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Shelbina, Mo</u>				Length of stay in lb <u>----</u>		d. STREET ADDRESS (If outside, give location) <u>Hotel Shelbina</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>First Middle Last</u> <u>Jessie Mae Smith</u>						4. DATE OF DEATH <u>Month Day Year</u> <u>11-6-57</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 27, 1885</u>	
9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (City and state or country) <u>Marion, Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles Lowe</u>				14. MOTHER'S MAIDEN NAME <u>Jessie Harrison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT <u>James Smith, E. Moline, Ill</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hotell Shelbina fire</u> DUE TO (c) <u>Inhaling smoke and gases</u> <u>9167</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>40</u>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Resident of Hotel at time of fire</u>			
20c. TIME OF INJURY Hour <u>I:30</u> Month <u>II</u> Day <u>6</u> Year <u>57</u> a. m. p. m.				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>2</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel Shelbina.</u>		20f. CITY, TOWN, OR LOCATION <u>Shelbina</u>		20g. COUNTY <u>Shelby</u>	
20h. STATE <u>Missouri</u>				21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Barkelew & Davis</u>				22b. ADDRESS <u>Shelbina Mo</u>		22c. DATE SIGNED <u>11/9/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-9-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>	
24. FUNERAL DIRECTOR <u>Barkelew & Davis Funeral Service</u> <u>Shelbina, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>11-14-57</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

STATEMENT BY LICENSED EMBALMER

NOTICE

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by John A. Barker, Student Embalmer No. 55

working under my personal supervision.

Student John A. Barker Signature of Student Embalmer Signed John A. Barker

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Licensed Embalmer No. 383

P. O. Address Chelmsford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.